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ABSTRACT

The summary offers an overview of the conclusions and recommendations derived from a comparison of two programs for juvenile delinquents, a traditional institutional approach (DOC) and the Unified Delinquency Intervention Services (UDIS) designed to deal with boys effectively without institutionalization. Sections cover the following topics (sample subtopics are in parentheses): the suppression effect of correctional intervention (consistency of the findings with other research, explanation of the suppression effect, and the reasons why UDIS and DOC produced dramatic drops in recidivism); UDIS versus institutionalization (recidivism and costs); and the UDIS approach (individualized programing, short-term programing, the least drastic alternative principle, and protection of the public). It is concluded that there are three main lines of objection to resorting to UDIS or DOC before a long record of arrests or earlier than the age of 16: costs, the problem of false-positives, and generalized antagonism to intervention. (SBH)

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Executive Summary

UDIS: Deinstitutionalizing the Chronic Juvenile Offender

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Prepared for the Illinois Law Enforcement Commission, January 1978

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BACKGROUND

Youth crime has in recent years become a central--arguably *the* central--component of the urban crime problem in the United States. Even after the sensationalism of the headlines has been discounted, the trends in number and seriousness of the offenses committed by juveniles have been ominous. The problem of "juvenile delinquency" in the inner city is not grounded in the impact of the traditional transgressions of youth--truancy, or underage drinking, or pranks--but in the impact of crimes like burglary, assault and battery, armed robbery, and even homicide. Exact percentages vary according to the definition being used, but it appears that youngsters under the age of 18 commit roughly half of all serious offenses in the United States.[1]

At the same time, the principle has been long-established in criminal justice that the youth of the juvenile delinquent is fundamentally important. In the courts, this has led to the doctrine of *parens patriae*. In the correctional process, it has led to a continuing search for alternatives that help rather than punish the youth--and, increasingly, to a widespread concern that most of the available methods do more harm than good.

In October 1974, Illinois undertook a major experimental effort to deal both effectively and humanely with the chronic urban delinquent, and undertook it in the classically inner-city setting of Chicago and its Cook County environs. The American Institutes for Research (AIR) was subsequently awarded the contract to evaluate the accomplishments of the program.

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[1]C.A. Murray, D. Thomson, and C. B. Israel. *UDIS: Deinstitutionalizing the Chronic Juvenile Offender*. Washington, D. C.: American Institutes for Research, 1978, 3. Unless otherwise specified, all subsequent notes reference a section of this report.

To carry out the evaluation, AIR employed an experimental design that compared the police, court, and intervention records of a sample of (1) 191 male delinquents assigned to the experimental program; (2) 159 male delinquents assigned to the juvenile institutions of the Department of Corrections (DOC) during the same time period; and (3) 142 male delinquents assigned to the juvenile institutions of DOC during the 21 months preceding the establishment of the experimental program. Qualitative data on the youngsters and their experiences were collected from the files, from program and Juvenile Court staff, and from the boys themselves.[2] The data, the analytic findings, and their implications are discussed in full in a 222-page final report submitted to the sponsoring agency, the Illinois Law Enforcement Commission, in January 1978.

The single most significant finding of the evaluation was an unexpected one. Contrary to widespread opinion, including our own at the outset, something can be done after all about reducing juvenile crime. The study found that

> *Significant reductions in the incidence of offenses--as high as two-thirds of the preintervention rate--can be achieved, even with the most chronic, serious delinquents in Cook County, through the use of energetic correctional intervention.*

Reports of the futility of juvenile corrections have been greatly exaggerated.

This summary offers an overview of the basis for this conclusion, the principal findings about the merits of the alternative approaches to dealing with the chronic delinquent, and the major conclusions and recommendations contained in the full report.

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[2]For a description of the methodology, see "Design of the Study," 7-27.

THE PROGRAM

The two programs being compared were a traditional institutional approach in the form of the residential facilities at St. Charles, Valley View, Joliet, and elsewhere (subsequently termed simply "DOC"), and "UDIS"--the Unified Delinquency Intervention Services.

UDIS consisted of an office in downtown Chicago, a small administrative staff, roughly a dozen Case Managers and other program staff, and annual funds on the order of two million dollars ($2.4 million in FY 1976) initially provided almost entirely through grants from the Illinois Law Enforcement Commission.[3]

UDIS's charter was twofold. First, it was to obtain referrals from Cook County Juvenile Court. These were to be youth who had been adjudicated delinquent so often, or for an offense so severe, that they would otherwise have been committed to DOC. In practice, this meant an average delinquent with more than a dozen arrests, half a dozen appearances in court, and three temporary detentions at Audy Home, Cook County's juvenile detention facility.[4]

Next, UDIS was to deal with these boys effectively but without institutionalization.[5] It was to do so through a roster of vendor services with which UDIS would maintain contracts. The vendors might be private or public agencies, store-front operations, church groups, school-related institutions, or community organizations. They might offer counseling services, educational or vocational training, "advocates" for the referrals, or residential programming in group homes or in foster care. Note that UDIS was not exclusively community-based; it also established contracts with a number of out-of-town residential placements such as wilderness programs, the Work Camp (much less forbidding than the label that everyone used), and intensive care services in psychiatric facilities.[6]

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[3]"Program Inputs," 45-53.

[4]"UDIS Referrals and the Committable Delinquent," 55-65.

[5]UDIS also obtained female referrals, but the study dealt only with boys.

[6]"The Development of Service Resources," 65-76.

Once in the program, a UDIS referral would be sent to a combination of placements, simultaneously or consecutively, that the Case Manager thought appropriate. The least drastic alternative--ideally, one that left the boy at home--would be used. And the referral would be moved out of the program fast--within six months if possible.

The objective of the evaluation was to compare UDIS's less repressive approach with institutionalization. But bonds that linked UDIS and DOC turned out to be more interesting than their differences, and to be the source of the most important findings.

THE SUPPRESSION EFFECT OF CORRECTIONAL INTERVENTION

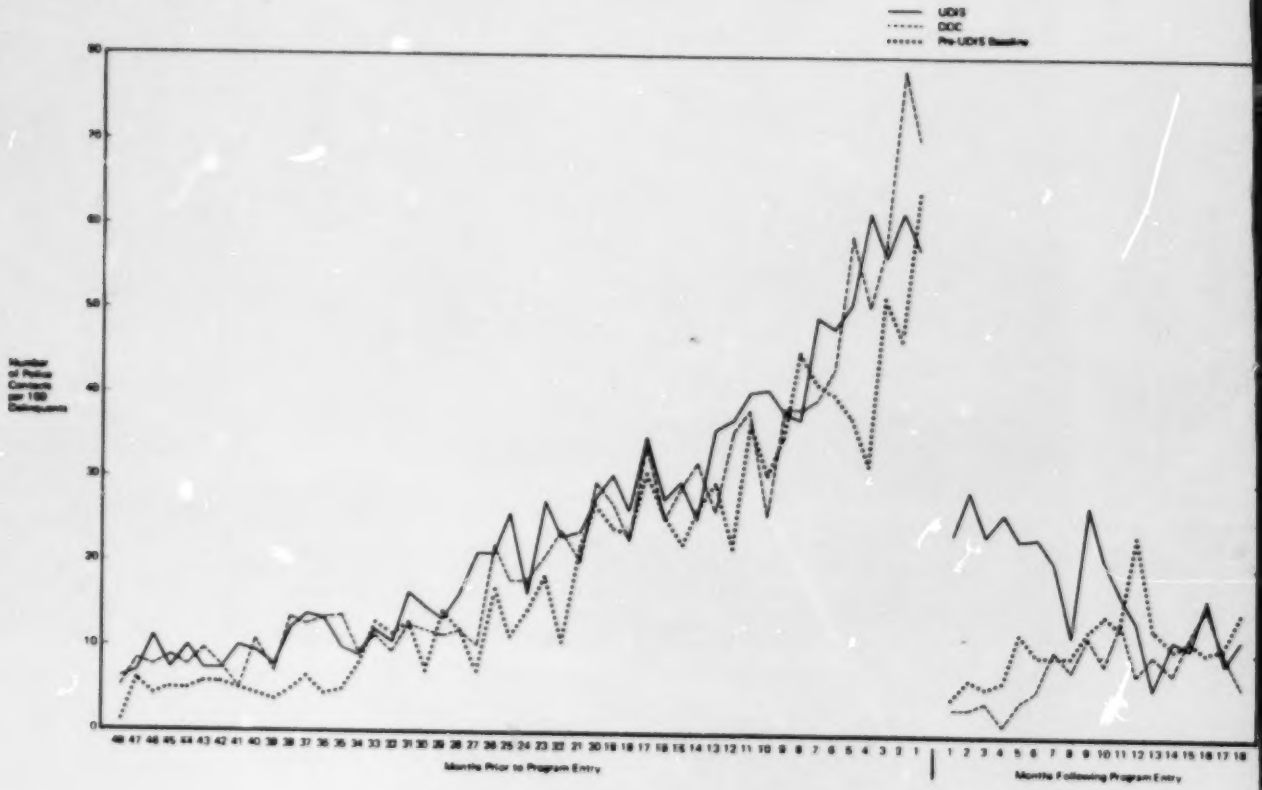
In concept, UDIS and DOC were both examples of what we will call *correctional intervention*, contrasting with warnings, adjustment of charges at the police station, or ordinary probation. Both UDIS and DOC were much more extreme than these lesser steps, distinguished by their activism and the wide, hour-by-hour discretionary control that they could (and did) exert over the youth's life.

In outcomes too, UDIS and DOC produced a common impact, and one with profound policy implications:

> Whether the program was UDIS or DOC, *correctional intervention in the life of the chronic juvenile offender in this study had a powerful and apparently long-term inhibiting effect on subsequent delinquent activity.*

We refer to the phenomenon as the *suppression effect*. As the figure on the following page indicates, the reductions began immediately after program entry (most dramatically, of course, for the institutionalized youth). And, more importantly, they continued after release from the program. When the postintervention police records of the combined UDIS and DOC samples were compared to their police records during the year preceding intervention,

> *arrests* dropped by 67.8 percent,
> *court appearances* dropped by 64.4 percent,



An Overview of the Arrest Records of UDIS, DOC, and the Pre-UDIS Baseline

> *violence-related offenses* dropped by 73.7 percent, and
> *aggregate "seriousness" costs* of the offenses to the community dropped by 65.2 percent,

in rate (or aggregate seriousness score) per person-month. Statistically, all of these reductions were significant beyond the .001 level.[7]

These reductions would not have been noticed if only a measure of after-program behavior had been used. In terms of offen*ders* rather than offen*ses*, the data show the same discouraging percentages that are usually reported by correctional programs. For example, 64.9 percent of the UDIS sample was rearrested within a year after exit from the program; for DOC, the comparable figure was 69.2 percent.[8] But when it is remembered that the average member of the samples had been arrested more than a dozen times prior to intervention, a single police contact after intervention is not startling. Dramatic reductions in activity proved to be possible even if the delinquent behavior was not extinguished altogether. Both programs achieved such reductions.

We emphasize that *these findings deal only with the persistent, chronic delinquent, not with the majority of young offenders who appear at the police station once or twice.* But with that caveat, the suppression effect apparently was not an artifact of the methodology for the study, nor could it be attributed to factors other than the impact of UDIS or DOC. The analysis revealed that the major competing hypotheses to explain the effect did not apply. Specifically,

> *The reductions were* not *the result of a delinquent career having run its course.*

Whether the youth had been arrested seldom or often before intervention, the proportionate drops in post-

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[7]"Recidivism: UDIS Compared to DOC," 125-148.

[8]"Measure 1," 129-130.

intervention incidents were nearly identical.[9]

> *The reductions were* not *the result of maturation.*

Boys who entered UDIS or DOC at age 16 or older had a proportionate reduction only 8 percentage points greater than boys who entered at age 14 or younger (the reductions were 66.3 and 58.7 percent, respectively).[10]

> *The reductions could* not *be attributed to a natural drop (or, regression effect) from the high levels of activity that triggered the intervention.*

Even if the six months immediately preceding intervention--the most active period--are ignored altogether, the proportionate reductions are still in excess of 50 percent, and still significant beyond the .001 level.[11]

> *The reductions were* not *an artifact of a sample biased toward socially or economically favored and therefore "easy" delinquents.*

On the contrary, UDIS and DOC dealt with the most disadvantaged segments of the inner city youth population: predominantly Black, poor, from broken homes, failures in school, untrained for the workplace.[12]

Nor was the suppression effect just one more in a series of short-lived slow-downs in offensive activity following an attempt at intervention:

> *Comparable reductions were not achieved by earlier, milder interventions applied to the same sample of delinquents.*

Changes of this magnitude were unique in the offense histories of these boys.

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[9] "Timing of the Intervention: Offense History," 170-173.

[10] "Timing of the Intervention: Age," 169-170

[11] "The Role of the Regression Artifact," 164-165.

[12] "Personal Background Characteristics," 58-62.

Historically, the first appearance in court of the boys in these samples was followed by a sharp, sudden increase in offensive activity.[13] The next escalation of response, temporary detention in Cook County's juvenile detention center, was followed by continued arrests at roughly the predetention level.[14] In contrast, the suppression effect was precipitous and, more importantly, continuing:

> *A two-year followup period showed no evidence of a tendency to slip back from the initial drop,*

let alone to resume preintervention levels of activity. *The postintervention trendline was flat.*[15] This finding remained even after controlling for the possible contributing effects of parole supervision for the DOC sample.[16]

Consistency of the Findings with Other Research

Popular impressions notwithstanding, the above findings are not inconsistent with comparable research. Rather, very little comparable research exists. To our knowledge, the studies that do exist are consistent:

> *The two other major longitudinal studies of the effects of correctional interventions that we have been able to identify showed reductions which were within a few percentage points of the ones reported for UDIS and DOC.*[17]

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[13] "Referral to Court," 166-167.

[14] "Detention," 167-169.

[15] "The Permanence of the Reduction," 165-166.

[16] "The Permanence of the Reduction," 166.

[17] "Consistency of the Suppression Effect with Other Research," 173-176. The two studies are LaMar T. Empey and Steven G. Lubeck, *The Silverlake Experiment: Testing Delinquency Theory and Community Intervention* (Chicago: Aldine), 1971; and LaMar T. Empey and Maynard L. Erickson, *The Provo Experiment: Evaluating Community Control of Delinquency* (Lexington, Mass.: D.C. Heath), 1972.

The widespread assumption that correctional intervention for juveniles has been proved ineffective is erroneous, derived from post-program measures that ignore the preintervention level of activity and, to a surprising degree, from undocumented assertions. The body of hard research on the question of whether correctional interventions do in fact *reduce* criminal behavior is extremely small in relation to the volume of anecdotes and opinion on the subject.

Explaining the Suppression Effect

The statistical reality of a major suppression effect is, the report argues, solidly established by the data in the study. *Why* it occurred is another question. The assumptions of four of the most popular explanations were in conflict with the data.

The Medical Model. The "medical model" in its general formulation asserts that a boy becomes delinquent because of some condition within himself. Something is wrong with him. He ceases his delinquent activity when that something is diagnosed and appropriately treated. Theories of the origins of delinquency in psychological disturbance or in low intelligence are examples of explanations that broadly fall within the medical model. To reduce delinquency, the model implies, it is important to identify and treat the problem that caused the delinquency in the first place.

This approach to reducing delinquency may be effective, but the data for the study suggested that it is not *necessary*, if the objective is simply to cut offense rates:

> *The medical model could not explain a significant proportion of the suppression effect found in the study*, because it applied so seldom to the treatment pattern.

This was conspicuously true in the case of UDIS (we lack the data to comment on DOC's program content). First, there was little pre-treatment diagnosis.[18] Second,

[18] "The Assessments," 82-83.

only a small proportion of the boys received treatment services in a form that was intensive or extended. And, third, there was no indication that, in the typical case, any important problem had been resolved by the end of the program. When the reasons for egress decisions and the exigencies that led to them were examined, they were rarely linked to changes in the internal states of the delinquents.[19]

Socioeconomic Explanations. The theory behind a variety of delinquency treatment approaches has focused on the problem of socioeconomic class. In broad strokes, the theory holds that crime is a predictable response for a boy without money, without a decent job, or without a satisfying social role. As an explanation of the *causes* of delinquency, the socioeconomic arguments are consistent with the data in the study. The boys in both UDIS and DOC were disproportionately located at the bottom levels of society, if the criterion is money or education. But as an explanation of the *outcomes* of the program, it appears that the effects of socioeconomic improvements went untested:

> *The same UDIS boys who reduced their police contacts by two-thirds had not widely improved their job or school skills as a result of the UDIS experience.*

Only a third of the sample received educational services and only five percent received vocational services.[20] More to the point, little evidence was obtained to suggest that these services had much impact. A major part of the problem was time--a few months of tutoring could not bring a functionally illiterate boy up to a tenth or eleventh grade reading level. But, whatever the reason, the case histories revealed only a scattering of instances in which a boy returned successfully to school or got a job because of skills learned in UDIS.[21]

The "Labeling" Explanation. Labeling theory, with its many applications in education, has increasingly

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[19] "Short-Term Programming," 89-93.

[20] "Educational/Vocational Training," 69-72.

[21] "Short-Term Programming," 89-93.

been touted as an explanation of delinquency--roughly, via the argument that (1) all youngsters engage in acts for which they could be arrested; (2) only a few actually are arrested, and then for fairly capricious reasons; and (3) it is being *labeled* delinquent by the police and courts that tends to provoke subsequent and more serious deviant behavior.[22]

This sketchy outline of the logic of the labeling explanation cannot do justice to the sophisticated and highly influential theory that the explanation represents. It has many proponents among decision-makers, to the point that it has provided much of the intellectual underpinning for the growing policy consensus that less intervention is better intervention--also known as the minimalist approach.

Nothing in the report challenges (or supports) the validity of labeling theory or the utility of minimal intervention for most delinquents. But

> *The findings of the study directly challenge the proposition that minimal intervention works for the chronic delinquent.*

Whatever the virtues of averting labeling in the early stages of delinquency, the existence of the suppression effect *only* after the most intense interventions suggests that chronic delinquents comprise a special group.[23]

The Getting-Smarter Hypothesis. A common reaction to data that show a reduction in delinquency is that the youngsters are simply getting caught less frequently. According to this explanation, the experience of going to UDIS or DOC made them wiser or more careful, and thereby enabled them to avoid arrest.

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[22] For example, labeling theory could be invoked to explain the sharp increase in offenses after the first appearance in court. On the other hand, it could be argued that offenses increased because the boys had found that going to court was nothing to worry about. The reader may choose the explanation that fits personal predilections.

[23] "The Effects of Milder Interventions," 166-169.

It is, to our knowledge, an untested hypothesis (and an extremely difficult one to test at all). These observations seem pertinent.

As an explanation for the findings in the study, the argument about getting smarter is difficult to defend. *For many of the UDIS referrals, the intervention did not involve close, extended contact with other delinquents.* The learning process never had a chance to take place. But beyond this circumstance, the assumptions that underlie the hypothesis are suspect. For example...

Is it true that *large numbers* of these boys from the inner-city of Chicago learn more about how to get away with crimes in UDIS or DOC than in their own neighborhoods and schoolyards?

Is it true that *large numbers* of these boys are even attentive to crime as a craft?

Is it true that *large numbers* of these boys are not only attentive to the question of technique but ready to apply what amounts to a sophisticated learning-application sequence?

Is it true that *large numbers* of these boys want to become more cautious and inconspicuous, rather than to do bigger and more visible crimes?

More generally, the study asks if it is really true that a large sample of boys will suddenly cut its apprehension rate by two-thirds or any proportion approaching that. It is plausible that some boys consciously wanted to become more careful or more adept. It is plausible that some of them actually did change their on-the-job behavior. It is even plausible that some of the boys who changed behavior also reduced their apprehension rate. But these would seem to be credible explanations for only a small proportion of the reductions that were found.

The question remains: Why did UDIS and DOC produce such dramatic drops in recidivism with these boys for whom nothing else had worked? The data in the study do not provide an explanation: that must be emphasized. A simple explanation is proposed as a plausible one, consistent with the data.

It starts with the premise that delinquent behavior among the great majority of the boys was not *compelled* by circumstances, even though circumstances may have strongly encouraged it. Except for a small minority, the boys in UDIS and DOC typically *chose* to commit offenses.

A second premise is that the choice to commit offenses was for reasons that were internally consistent and rational. Perhaps the behavior was fun, perhaps it provided money, perhaps it enhanced status among peers, perhaps it let off pressures that had been building at home. For whatever reasons, crime paid.

Seen in this perspective, UDIS and DOC did not necessarily have to "cure" anything, nor even to change a boy's capabilities in any way whatsoever. The necessary and sufficient condition for success was to change his mind about the advisability of his behavior. It is suggested that recidivism was reduced because *society did what was necessary to get the delinquents' attention and told them some good reasons why they should not do those things any more.* And the boys listened.

Some of the reasons were negative ones--"You can't do that any more, because some very unpleasant things will happen if you do." Some of the reasons were positive--"You shouldn't do that any more because you have better options." Each set is examined in turn.

The deterrent effect of incarceration played a role. The numbers provided the most obvious evidence. In the course of the report, arrest data were analyzed with regard to six types of intervention that could be ranged in order of severity: first referral to court, first temporary detention, a UDIS at-home first placement (Level I), a UDIS group home or foster care first place-

ment (Level II), a UDIS out-of-town residential first placement (Level III), and institutionalization in DOC. The percentage changes in arrests produced among the subsets of chronic delinquents who experienced these interventions were as follow:[24]

First referral to court	+182.4%
First temporary detention	+ 42.7%
UDIS—Level I first placement	– 55.8%
UDIS—Level II first placement	– 61.2%
UDIS—Level III first placement	– 68.4%
DOC	– 71.4%

The more drastic the intervention, the greater the reduction, without exception. The total analysis of recidivism was, of course, more complex than this. But, especially when read in light of the findings on the lack of influence of age and number of prior arrests, *the recidivism data reported in the study lend themselves to the interpretation that deterrence was the dominant force at work.*

Another source of evidence was the youngsters themselves. Among the interviewees, the consensus was nearly unanimous on two issues. First, DOC was openly perceived as a bad place to go and something actively to be avoided.[25] Second, UDIS was believed to be the anteroom to DOC. With very few exceptions, the boys believed that DOC would be the next stop if they continued to be apprehended by the police.[26] These observations point very directly to the causal hypothesis that the suppression effect occurred because the boys wanted to avoid DOC and therefore reduced those activities that were likely to put them there.

Moreover, the report stresses that *the suppression effect occurred the first time that the threat of serious punishment became credible.* The boys in the samples should not be viewed as irrational, persisting in their delinquent behavior despite the sanctions of society. For all practical purposes, society had *not* imposed significant sanctions in the past. By the ordinary rules

[24] Figures compare the year prior to intervention with the post-intervention annual rate. See Chapters 8-10 (125-176).

[25] "The Role of Intervention," 105-107.

[26] "Perceptions of the Alternative to UDIS," 96.

of predictability, *consignment to UDIS or DOC was the first time that an observant youngster in these samples had reason to believe that serious punishment was imminent.* The typical member of the samples had been arrested 13 times and had gone to court six times without being committed to DOC. Some had been arrested 20 or 30 times. Under such circumstances, it could not be expected that commitment to DOC would be a credible threat until it had actually occurred or until something had happened that concretely demonstrated (as in referral to UDIS) that DOC was next. Until the threat became credible, it was not irrational to persist in committing offenses.

A positive guidance function also appears to have been at work. If it was true that UDIS or DOC was the first time that the imminence of punishment became real to these boys, it was also the first time that other, more positive things had happened to many of them. For many, the UDIS experience was the first time that someone outside the family, an adult with a measure of status and authority, not only had told them "you can't do that any more," but also had cared whether they listened. In a variety of ways, the message was elaborated, repeated, explained over a period of time. Sometimes it was the Case Manager who performed this function, sometimes one of the service vendors, sometimes a combination. But it was clear from the interviews that UDIS was providing supportive personal attention that probation could seldom match. The Probation Officer had too many other roles to play.

None of the actors interviewed for the study articulated the link between supportiveness and reduced recidivism, nor is the link intuitively obvious. The study offers these speculations.

One of the key themes of the case histories appeared to be *exposure to the reality of options.* Sometimes the Case Managers and service providers exemplified the existence of options by being role models. Sometimes an information function was involved, whereby the UDIS experience served to persuade boys that the legitimate options were more attractive than they had realized, and the illegitimate options that look so seductive in the short-run were really dead ends. In this context, the UDIS experience was compensating for the ways in which

the boys' environments were blocking, filtering, and otherwise constraining access to existing choices.

Besides information, UDIS also could provide adequate *time and an environment conducive to reappraisal*, and these may have been the critical virtues of the out-of-town placement. For many of the boys in UDIS or DOC, it was the first time off the streets of Chicago, the first time separated from the peers with whom they had grown up and grown delinquent, and the first time away from the pressures and problems of whatever situation they were forced to confront at home. And these were, after all, adolescents. Other adolescents are expected to fret about directions and options and, after some false starts, slowly come around to satisfying ways of fitting in. It is not far-fetched to suggest that the chronic delinquents in this study were trying to do exactly the same thing, and that the residential out-of-town environment gave them a needed opportunity.

Ultimately, it is probably impossible to disentangle the relative roles of deterrence and of personal growth that may have been encouraged by correctional interventions. The two dynamics were probably inextricably intertwined in reality as well as in our data. If it is true that it is better *for the boy* as well as for society that he quit committing offenses, and that a youngster can be made to understand that, then UDIS's and DOC's common role may most accurately be seen as implementing the twin steps of (1) getting the boy's attention and (2) then giving him a chance to figure out why it really would be better for him to change his ways. The fundamental assumption is that the youth who goes to UDIS or DOC has behaved in ways that made sense to him--were rational, in a word--based on his understanding of the way the world works, and that he continues to behave rationally after the UDIS or DOC experience based on his revised understanding of the way the world works.

To support this explanation of the suppression effect, it is not necessary that the assumption of rational behavior hold true for all delinquents or for all of the acts of any one delinquent--just for most of the boys most of the time. UDIS and DOC did not stop delinquent behavior; they reduced it.

Still, the explanation sounds too simple. The psychologists, sociologists, and economists have all made convincing cases that whatever the causes of delinquency may be, they are complex. But it is permitted that solutions be simpler than causes, and the causes and solutions of chronic delinquency may be a case in point. If so, the suspicion that is reflexively provoked by simple explanations is in this instance ironic. For we in the adult, straight world assume from the outset that it is in the youngster's self-interest to back off from his delinquent activity. But then when he does, we cannot understand why.

UDIS VERSUS INSTITUTIONALIZATION

The study set out to compare the effectiveness of UDIS and institutionalization and found that they shared a common, impressively high level of impact on the incidence of offenses. What then are the grounds for choice between them?

Recidivism

The comparative recidivism results did not provide ammunition for the proponents of either side of the de-institutionalization debate. Both alternatives produced the suppression effect, but

> *The recidivism analysis did not make a case for the overall superiority of either UDIS or DOC.*

As the table on the following page indicates, DOC had an edge in reducing the incidence of offenses; UDIS had an edge in reducing the seriousness of the offenses that continued to be committed. DOC appeared to produce fewer repeat institutionalizations than did UDIS, but the comparison was an extremely complex one.[27]

The sample sizes and the variability in the data do not permit a prediction of the relative performance

[27] Chapter 8, "Recidivism: UDIS Compared to DOC," 125-148.

Summary of the Recidivism Measures

	Twelve months prior to intervention		Post-release Period [1]		Proportionate Change [2]	
	UDIS	DOC	UDIS	DOC	UDIS	DOC
Annual rate of police contacts	5.8	5.7	2.1	1.6	−63.4%	−71.4%
Number of person-years	191.0	159.0	82.5	77.8		
Annual rate of violence-related offenses	1.0	1.3	.3	.3	−67.5%	−76.5%
Number of person-years	191.0	159.0	82.5	77.8		
Annual rate of appearances in court	3.8	3.5	1.4	1.2	−63.2%	−65.0%
Number of person-years	191.0	159.0	82.5	77.8		
Proportion of offenses classified nontrivial	50.6%	43.8%	34.2%	35.9%	−32.3%	−15.2%
Total number of offenses [3]	627	443	114	65		
Mean seriousness score of the nontrivial offenses	3.46	4.69	4.32	6.84	+24.9%	+45.8%
Number of nontrivial offenses	486	318	65	37		
Annual aggregate seriousness score per person-year in the program	9.71	10.66	3.55	3.50	−63.4%	−67.2%
Number of person-years	173.0	140.0	79.9	71.9		

	Elapsed months since first exit	
	UDIS	DOC
Percentage of sample with at least one police contact within 12 months after program exit	64.9%	69.2%
Number of subjects first exited 1 year prior to 12/31/76	57	52
Percentage of sample institutionalized within 1 year after first program exit [4]	36.8%	25.0%
Number of subjects first exited 1 year prior to 12/31/76	57	52

NOTES:
1. Post-release period: UDIS mean = 7.92 months, S.D. = 4.83; DOC mean = 9.43, S.D. = 5.25. Includes only months actually on street, not elapsed months since release.
2. Percentage reductions were computed from the original data and may therefore differ slightly from the reductions that can be calculated from the rounded before and after rates.
3. The samples for calculating the proportion of nontrivial offenses and the aggregate annual rate were based on samples with complete seriousness data on more than 75% of all offenses. Mean seriousness of nontrivial offenses was based on ALL such events.
4. See discussion of Measure 2 for qualifications relating to this indicator.

of the two approaches if a larger and more extended followup were undertaken. Statistically, these data admit to the possibility of random fluctuations--that the results are actually the same.[28]

But the issue of bias must also be considered. The UDIS and DOC samples differed in two extremely pertinent respects. First, it is critically important that

> *33 UDIS "failures," amounting to 18.6 percent of the members of the UDIS sample who had left the program, were sent directly from UDIS to DOC and therefore never became part of the recidivism analysis.*[29]

We must ask: How much better would DOC have looked if we had also deleted 18.6 percent of its most troublesome commitments from the sample?

The second source of selection bias was openly acknowledged by judges and Probation Officers alike. They tried to identify the hard-core, dangerous offender and put him in DOC, while sending the more manageable-but-committable offender to UDIS. The extent to which they were successful is open to argument, and the criteria that were used to define "hard-core" may not predict the propensity to recidivate.[30] But it is clear that *any bias that did exist will have worked in favor of UDIS.* To the extent that DOC started with more intractable delinquents than did UDIS, DOC had to do better just to stay even with UDIS's results.

Taking both of these factors into account, *the possibility that selection biases masked superior effectiveness of institutionalization cannot be ignored.* The sample differences favoring UDIS, especially the large, unavoidable skew produced by the skim-off effect, could easily have wiped out even quite large impact differences in favor of DOC.

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[28] It was the similarity of the recidivism results that prompted the analysis of a common suppression effect.

[29] "Treatment of Selection Bias in the Comparison Groups," 23-24.

[30] "UDIS Referrals and the Committable Delinquent," 55-64.

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The costs of institutionalization have been well publicized and are a major justification for seeking alternatives. The tenor of the argument is usually on the lines of "You could send a kid to Harvard for the money it takes to keep him in a training school."[31]

There are three pieces to the total dollar costs of UDIS and DOC: the direct costs of the initial program, the deferred costs of subsequent institutionalization, and the dollar costs incurred by police, courts, and the Cook County detention center for offenses committed while in the program. Against these costs, we would ideally be able to balance the post-program benefits of offenses prevented, victims spared, and improvements produced in the well-being of the youngsters themselves. In this case, however, costs can be counted much more accurately than benefits, and the study accordingly restricts itself to the cost component.

Direct costs were based on the total operating and administrative budgets for FY 1976, divided by the number of person-months spent in the program during that fiscal year. The costs per month per youth were:[32]

Direct costs per month of the program cycle:	**UDIS** = $1,086	**DOC** = $1,178

Deferred costs accrued because more than a quarter of the UDIS referrals were eventually committed to DOC and more than a quarter of the DOC parolees were returned to an institution. If the question is "How much will it eventually cost if a boy is sent to UDIS instead of DOC?", then the costs of the initial term in the program must be augmented by the costs of the program failures--UDIS does not save the cost of institutionalization when it turns out to have been only a stopgap.

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[31] "If Harvard will take him, fine," was the response of one corrections administrator.

[32] "Direct Costs," 178-181.

Deferred costs for UDIS were based on that fraction of a month that a UDIS referral can eventually be expected to spend in DOC for every month he was in UDIS (.298). For DOC, deferred costs were based on the ratio of the months spent back in DOC after a failed first parole, to the months spent in DOC during the initial commitment (.226). The multiplier in both cases was the monthly cost of DOC. For each month in the initial term, UDIS and DOC youth eventually cost these additional amounts:[33]

Monthly deferred costs:	**UDIS** = $351	**DOC** = $266

Costs of inprogram offenses were calculated in terms of police costs, court costs, and detention center costs per offense, based on a set of assumptions fully described in the report. Because of the number of estimations required, a "low range" and a "high range" cost-per-offense were prepared. The results were as follow:[34]

Estimated monthly costs of processing offenses committed during the program:	**UDIS** = $63-118	**DOC** = $12-21

The *total estimated monthly cost* of putting a boy through an intervention cycle was very similar for the two programs. Taking the midpoint of the estimated range for offense costs, plus direct and deferred costs, the totals were:

Total estimated monthly costs:	**UDIS** = $1,528	**DOC** = $1,462

[33] "Deferred Costs," 181-183.

[34] "External Dollar Costs," 183-187.

Overall, DOC was estimated to be 4.8 percent less expensive than UDIS on a monthly basis. Over a typical program cycle, UDIS was 7.0 percent less expensive than DOC, because it held its clients for a shorter time (the means being 8.0 months for UDIS and 9.0 months for DOC).[35] The conclusion was that

> *There is little basis for choice between UDIS and DOC if the criterion is dollar costs to the taxpayer.*

This finding is not startling in light of other assessments of community-based versus institutional programs (which have generally reached similar conclusions), but it does contradict intuition.[36] It *must* be more expensive to house, clothe, school, and feed a boy in an institutional facility than to provide him with some counseling or vocational training through UDIS. And so it must, if that were the true nature of the comparison. But the noninstitutional program (UDIS) included expensive residential programs, multiple services, and a low referral/staff ratio. The institutional program (DOC) was similarly hybrid. A boy who was committed to an Illinois institution on January first and paroled on June thirtieth was "in" DOC for six months but (during 1975-76) was typically *in* an institution--physically on its grounds--for only 64.4 percent of those days.[37] If DOC were to revise policy to eliminate furloughs and increase security, and UDIS were to discard its intensive care and rural placements, then it could be expected that UDIS would be significantly less expensive than DOC. But *the UDIS and the DOC programs that produced the recidivism results described in the study had equivalent dollar costs.* Pure forms of community-based and institutional programs might not.

These results do not necessarily extend to the question of expansion of services. New institutions require major capital expenditures. So also do certain types of UDIS services (intensive care and other residential place-

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[35] "Costs in Tax Dollars," 177-187.

[36] An authoritative example is Lerman's analysis of the California Community Treatment Project (Paul Lerman. *Community Treatment and Social Control.* Chicago: University of Chicago Press, 1975).

[37] "The Nonmonetary Costs," 187-189.

ments); but others, notably advocacy and counseling services, do not. Especially if UDIS were to concentrate its resources on the non-residential services, *it may be assumed that expansion of UDIS would require lower front-end expenditures than expansion of DOC.*

We conducted detailed cost comparisons because dollars have become a central issue in the institutionalization debate. We doubt that they should be, on merit. The true costs of delinquency go far beyond the dollars spent on corrections. Three other comparisons of the costs of the alternative approaches seem to us appreciably more important.

The first is *the cost to the victim.* One of the most inflammatory issues surrounding deinstitutionalization of the chronic delinquent is offenses committed while he is in the program. Institutions have been widely accepted as safe places to keep delinquents; community-based services frequently have not. And institutionalization did in fact prove to have an advantage in this regard, even after counting offenses committed by the DOC sample while on furlough or runaway status:

> *Inprogram arrests of UDIS youth occurred at a rate 7.7 times that of DOC youth.*

We may cite some specific examples. For every eight boys who stayed in UDIS for the typical eight-month period, one was apprehended during that time for an armed or strong-armed robbery. One of every eight was arrested for assault or battery. For every four, one was arrested for burglary. For every 48, one was arrested for homicide. The parallel inprogram rates for the DOC sample were a fraction of those in UDIS--less than a third the rate of armed and unarmed robberies, a twentieth the rate of assault or battery, a fifth the rate of burglaries. And the DOC sample showed no record of inprogram homicides.[38]

The implications of these differences are augmented by a second omission in dollar costs analysis: *the figures on inprogram offenses presumably represent only a fraction of the real level of offensive activity.* Police clear only a small proportion of offenses. In

[38] "The Nonmonetary Costs," 187-189.

the study, it is estimated that the proportion is in the range of 10 to 20 percent. If so, the implication is that UDIS youth were committing on the order of 15 to 30 offenses per person-year while in the program, compared to 2 to 4 for DOC. It is not a trivial difference.

Finally, *the calculation of dollar costs has ignored the interests of the youth.* The enumeration of inprogram offenses omitted the unknown number of assaults and other offenses which might be committed *inside* the institution. More generally, institutions have been assessed for years as being destructive places, even with the best of facilities and staff. In making policy decisions, the subjective weight attached to preventing inprogram offenses must be balanced against an equally subjective weight attached to keeping youngsters out of institutions.

THE UDIS APPROACH

The full report describes the UDIS operation at length.[39] Most of that material is of interest primarily to those who are directly involved with UDIS as a specific operation in a specific location, and they will wish to turn to the detailed account. For this summary, it is perhaps enough to state that UDIS made good on its essential missions. It delivered services with little bureaucracy to get in the way, obtained as referrals the chronic, committable delinquents it was supposed to obtain, tapped the assets of the community in much the way that was promised, and managed overall to maintain a high degree of responsiveness and flexibility as it established itself with the Cook County Juvenile Court. UDIS was not a model operation; there were mistakes. But it would be erroneous to attribute the outcomes of the evaluation to site-specific deficiencies. If UDIS were to be replicated in a hundred cities, we would predict the Cook County UDIS to rank well above the median in caliber of personnel and performance.

But the UDIS approach tried to do more than simply "not incarcerate." It tried to achieve superior results by implementing three related principles of operation

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[39] See Chapters 4-7, "Program Inputs," "Immediate Outcomes of Program Operations," "Program Operations: Intermediate Objectives," and "Appraisals of the Process."

that are of general interest. These were (1) individualized programming, (2) short-term programming, and (3) application of the least drastic alternative principle. How did these work in practice?

Individualized Programming

The first of these, individualized programming, has been part of the rhetoric of many correctional programs, but less frequently operationalized. The evidence in the report suggests that UDIS Case Managers rate good marks for translating this objective into actual practice. As a rule--there were exceptions--*Case Managers knew their clients well, followed their progress closely, and moved quickly to make changes when they were indicated.*[40] The rhetoric for UDIS at the beginning probably oversold the notion that each referral would get his own tailor-made, uniquely appropriate programming combination. The Case Managers generally did as much as was reasonable and may have come closer to individualized treatment than most correctional programs. No attempt was made to relate "degree of individualization" to the recidivism outcomes.

The results of the application of the other two principles were provocative and have important implications for juvenile corrections.

Short-Term Programming

Short-term programming was first interpreted as a 120-day cycle. That soon gave way to a more elastic objective of three to six months. UDIS achieved this goal with only 43.4 percent of the sample, and about a third of that group had been terminated--usually meaning that they were sent to DOC--rather than successfully egressed. The mean time in the program was 8.0 months, and 11.6 percent remained in UDIS for more than a year. In meeting its original objective, then, UDIS retreated significantly from its intentions.[41] The underlying policy question, however, was thereby opened to investigation: Did the length of time in the program make any difference in outcomes? Two points need to be made.

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[40] "The Case Manager as a Source of Individualized Programming," 83-85.

[41] "Short-Term Programming," 88-93.

If the issue is substance of the services being offered a referral--the remedial reading tutoring, the training in television repair, the family counseling sessions--then short-term programming may often have cut off progress. If the resources had been available, continuation of these services would often have been desirable regardless of the recidivism results.

But if the issue is recidivism, then it is important to note that, within the time variability that was examined (predominantly within the three to twelve month range),

> *The length of time in the program had no apparent relationship to the degree of reduction in offenses.*

A comparison of referrals who were egressed before and after six months in the program revealed almost identical results on all counts.[42] Nor does it appear that the results can be attributed to a selection bias whereby the best-behaved referrals got out first.[43] Whatever was causing the suppression effect among the UDIS referrals seemed to take hold, if it was ever going to take hold, within the six-month period.

Two implications are immediately obvious. If UDIS wants to maximize impact on recidivism, it should seriously consider enforcing the six-month goal more strictly and exploring the feasibility of a return to the original 120-day cycle. And if these were the results for UDIS, why should they not also apply to DOC? *The possibility that the benefits of the suppression effect can be obtained with much shorter (and less expensive) interventions urgently needs investigation.*

The Least Drastic Alternative Principle

The least drastic alternative principle means, as its label suggests, that UDIS tried to do as little as possible to distort the referral's relationship to his family and community. The principle is at the heart of

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[42] "Recidivism and Short-Term Programming," 149-152.

[43] *Ibid.*, and "Short-Term Programming," 88-93.

the issue of deinstitutionalization and of minimal intervention in juvenile corrections.

We therefore divided the UDIS placements into three levels corresponding to the UDIS definition of drastic. Level I included services that left the boy in his own home. Level II included residential services that left the boy in his own community (group homes and foster care). Level III included the out-of-town residential programs (wilderness programs, rural programs, and intensive care). And the analyses all pointed in one direction:

> *The Level III placement--out-of-town, residential, most drastic--was more effective for dealing with this sample of delinquents than either the at-home or group-home placements.*

This appeared to hold true whether the criterion of effectiveness was recidivism or qualitative improvements in behavior and attitude; whether the source of the data was police records or the opinions of UDIS staff.

In terms of recidivism, *the out-of-town residential placement was associated with markedly superior recidivism results,* in measures of both numbers of offenses and their seriousness.[44] Moreover, these results were achieved among a sample of boys who were thought to be the most incorrigible and likely to recidivate if left on the street (that is why most of them were sent to the Level III placement in the first place).[45] It was expected that the Level III placements would show the *least* positive results, not the most positive ones.

In terms of qualitative effects as related by the Case Managers, *the out-of-town residential placement was assessed as having a positive effect on a specific boy approximately twice as frequently as the other levels.*[46]

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[44] "Recidivism and the Least Drastic Alternative Principle," 152-159.

[45] "The Least Drastic Alternative Principle," 85-88.

[46] "Recidivism and the Least Drastic Alternative Principle," 157-159.

It was cited as the most successful placement a boy had received in almost three-fourths of the cases in which comparisons were drawn among placements in different levels.[47] And in their narrative comments, Case Managers repeatedly specified significant behavioral and attitudinal changes for the better that they attributed to the Level III placement.

The convergence of the Case Managers' assessments and the recidivism data point to an obvious conclusion:

> The utility of the least drastic alternative was not confirmed by the data. On the contrary, *removing the youth from the community on a short-term basis appeared to have intrinsic value.*

"Short-term" should be emphasized. The wilderness programs usually lasted only a few weeks, and a stay at the Work Camp typically lasted only a few months. Also, "Level III" is not synonymous with secure or otherwise institution-like facilities. Most of them were open facilities or (for some wilderness program) no facility at all.

The immediate action implication for UDIS is to develop its roster of residential placements and to expand their use. But it is also proposed more generally that UDIS should systematically explore for innovations that would build on the strengths of the Level III placements.

The potential for imaginative improvements has scarcely been recognized. A primary example is the integration of the residential program with the followup services that UDIS typically provides. The case histories showed that the boys tended to find their own advocates in out-of-town placements. What are the possibilities for procedures that would permit continuation of established relationships when the boy returns to the community? The case histories also suggested that dramatic changes in behavior and attitude could disappear upon a sudden return to the community. Is there merit to the notion of planned alternations between the Level III placement and home, as a reintegration mechanism? UDIS could do much to identify

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[47] *Ibid.*

and address such questions, without expensive research, simply by systematically reviewing and comparing the case experiences and insights of the staff. The underlying question is: *What was it about the Level III placements that gave them superior results, apparently with few of the destructively negative experiences that tend to be associated with institutionalization?*

The problem area in placements was the group home. The recidivism results were spotty for the Level II placements (which included a relatively small number of foster care placements). The assessments by Case Managers in the case histories were negative for more than 40 percent of the Level II placements, and unambiguously positive for only one out of four. Overall, only one group home out of the many with which UDIS has maintained contracts received predominantly favorable reviews. Perhaps these results were a function of the specific vendors involved. But *the possibility is worth investigating that the group home combines the* dis*advantages of residential placements and of community-based placements*, without possessing the advantages of either. We pose the issue as one that needs exploration, not as a firm conclusion.

Protecting the Public

Inprogram offenses will occur in any community-based program, and there is no accepted demarcation between a level that is tolerable and one that is not. It is the judgment of the study that UDIS is vulnerable to criticism. As noted earlier, inprogram offenses did occur, much more often for UDIS than for DOC.[48] Many of them were serious. It must be presumed that many other offenses went undetected. Residents of the community are paying a price for letting UDIS referrals remain with them, just as the opponents of deinstitutionalization claim.

If UDIS were producing better recidivism results than DOC, it could be argued that these inprogram offenses were a small front-end price for eventual, large savings in offenses. But that argument cannot be supported. It therefore is hard to argue with a victim of an inprogram

[48] Page 21 of this summary. See also "The Nonmonetary Costs," 187-189.

offense who asks why he or she should suffer pain and loss when DOC is available, costs no more than UDIS, and is just as effective in reducing postprogram recidivism. To answer that UDIS is more humane than DOC is awkward. Humane for whom?

Discussion of steps to minimize the price to the public must start from a recognition of UDIS's position:

> *Protection of the public has in practice been a much less visibly important concern of Case Managers than keeping the referral out of DOC*, and understandably so.

UDIS has nearly always assumed a resolutely pro-kid stance when referrals have been arrested. Strenuous efforts to keep a judge from committing a referral to DOC have been routine. UDIS has left it to the judge and the Probation Officer to assess whether a boy presents an unacceptable risk to the community. In part, this has been an outgrowth of UDIS's origins as an advocacy-oriented service. From the outset, UDIS saw itself as an agency that would try to do for its clients what middle-class parents do for their children in trouble. And very few children of middle-class parents end up in DOC.

The study does not recommend that UDIS divest itself of this orientation. But it does conclude that a much more stringent policy toward inprogram offenses should be adopted. Bluntly put, UDIS should become less successful in keeping its problem cases out of DOC:

> *Guidelines should be adopted that sharply restrict the eligibility of a youth to remain in UDIS after an inprogram offense.*

Some flexibility is required, but we believe that the guidelines should start from the premise that *any* apprehension for a nontrivial offense jeopardizes the boy's status with UDIS and may easily result in commitment, and that two such offenses will definitely result in commitment to DOC unless the most unusual mitigating circumstances exist.

UDIS is not the preferred source of these guidelines. It would be useful for some other authority--the Juvenile Court is the obvious locus--to take on the onus, so that the Case Manager can legitimately tell a referral that an arrest will mean DOC, without having to be the bad guy, and so that the Case Manager can legitimately continue to play an advocate's role for the referral. But if the Court does not move to adopt such guidelines, we believe that better UDIS than no one. We reach this conclusion for three reasons.

First, UDIS's past experience indicates that *there is not much to lose.* The analysis of both the recidivism data and the case histories strongly indicated that UDIS was rarely successful in turning around referrals who got a second or third chance after serious inprogram offenses. *A high proportion eventually went to DOC anyway, and almost all of them continued to show up in the police records during and after UDIS,* at much higher rates than the typical UDIS graduate.[49] If it were true that the extra effort and the one more chance were resulting in an appreciable number of success stories, we would hesitate to push for what amounts to a policy of giving up sooner. But there were virtually no success stories at all in the "one-more-try" cases that we examined.

Second, *such a step would enhance one of the factors that apparently actuates the suppression effect: the role of UDIS as the last stop before DOC.* The evidence for the role of deterrence has already been summarized.[50] Given these data, there is reason to hope that a tighter policy would prevent inprogram offenses as well as put a lid on the number that is tolerable.

Third, *we argue the importance of this step out of consideration for the residents of the communities in which the UDIS referrals live.* The residents are not obligated to further the cause of community-based corrections. A referral is in UDIS instead of DOC on sufferance of the community, not because he has an inalienable right to be kept out of an institution.

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[49] "Recidivism and Short-Term Programming," 149-152.

[50] Pages 12-14 of the Summary.

The need for UDIS to take the lead on this issue is especially acute. It happens that at this point in the dialog on juvenile corrections, the delinquent has many vocal, articulate, highly-placed advocates in policy positions and, contemporaneously, that the communities with the highest delinquency rates tend to be politically unorganized and unheard on the issue. The community needs an advocate.

CORRECTIONAL INTERVENTION AND THE CHRONIC DELINQUENT

Given the results of the evaluation, the question is obvious: Why not resort to UDIS or DOC much earlier? Why wait until a youngster has been arrested 13 times, when we know that intervening sooner produced the same suppression effect? Why wait until the youngster is almost 16 years old when we know that boys who went to UDIS or DOC at 14 or 15 were nearly as responsive? They are salient questions. Without persuasive answers to them, it makes good sense to expand the use of UDIS and, if that fails, institutionalization.

There are three main lines of objection to so doing: costs, the problem of false-positives, and generalized antagonism to intervention.

Costs

The first objection is dollar costs, that UDIS and DOC are both too expensive to apply widely. And it is probably true that in the short-term, considering only tax dollar costs, UDIS and DOC are more expensive than doing nothing or relying on probation. But it is also apparently true that *taxpayers buy an important benefit when they pay for correctional interventions: fewer crimes.* Whether the nonquantifiable benefits of fewer crimes are worth the money is an essentially political decision.

But *even if the issue is restricted to dollar costs, it is questionable whether in the long run correctional interventions are more expensive than doing nothing.* If correctional interventions turn even a small percentage of their clients from adult criminal careers--an impact that the data cannot demonstrate but which they certainly

make plausible--then the dollar criterion would quickly flip in favor of paying for a few months of correctional intervention now rather than for years of it later.

In view of the magnitudes of the reductions in incidence associated with UDIS and DOC, and in view of the provocative finding that UDIS and DOC were the *only* interventions that had such effects on this very active set of delinquents, the study reaches the conclusion that the validity of economic objections to expanded use of correctional intervention is dubious. Whether the calculation is in eventual dollar costs or immediate human costs, the notion that correctional interventions are too expensive must answer the challenge: too expensive compared to what? *Doing nothing is not a low-cost alternative.*

The False-Positives Problem

Any correctional intervention, no matter when it takes place, expends some of its resources on delinquents who were about to quit committing offenses anyway. The more youngsters are tapped for correctional intervention, the more often the intervention will be "wasted" from a resource allocation point of view, or "unjustly inflicted" on the youth from the point of view of those who see correctional interventions as intrinsically harmful.

Clearly, *the importance of the false-positive mistakes in selection depends heavily on the degree to which the program has negative side-effects.* In this regard, UDIS has a major advantage over institutionalization. Despite the general level of ignorance on the subject (see below), there is every reason to avoid institutionalization when continued delinquency is not an issue. The literature on juvenile correctional facilities in this country is shot through with histories of abuses. And beyond the question of abuse, it remains intuitively apparent that a correctional institution is an unnatural environment in which to spend adolescence. For these reasons,

> *The greater the likelihood that a youth is a false-positive, the greater the desirability of using UDIS instead of DOC.*

UDIS in many ways provides a low-risk next step for boys who are already thoroughly labeled "delinquent" but who have remained on probation despite new offenses. If more delinquents are to be routed to correctional intervention, we strongly recommend that UDIS be given the first chance, rather than simultaneously increasing intake for both UDIS and DOC.

In this regard, it should also be noted that intervening earlier in the youngster's career would presumably mean that judges would less often be faced with a case that seems to demand immediate incarceration. A policy of nearly universal referral to UDIS before resorting to DOC would be increasingly realistic under such circumstances.

General Antagonism Toward Intervention

A final set of objections lies in general antagonism toward dealing drastically with youngsters. Labeling theory, mentioned earlier, is part of this. But the major source of opposition lies in revulsion toward putting juveniles in institutions.

UDIS is not an institutional program, and therefore escapes much of this objection to expansion. But the issue is still highly relevant, for *it is extremely unlikely that UDIS can be expanded to deal with youth at an earlier point in their delinquency without maintaining or even increasing the current number of commitments to DOC.* Even with its relatively flexible policies, 33 out of the 191 in the UDIS sample were sent to DOC directly or within two weeks of exit, and another 19 had gone to DOC by the end of the observation period.[51] The study recommends a much tighter policy of transfer to DOC than UDIS now employs; even without it, the need for a DOC at roughly its current level should be expected if UDIS were to receive an expanded set of referrals. In weighing the expansion of UDIS, the question of damage done by institutionalization cannot be dismissed.

The data collected for this study rarely intersected the issue. These limited remarks do seem appropriate.

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[51] "Measure Two: Subsequent Institutionalization," 131-136.

The obvious observation is that *the data for this study directly contradict one of the most common rhetorical claims about institutionalization*, that it only makes the youngster more likely to commit crimes. Despite being repeated so often that it is taken to be a given, it has been essentially an empirically unsupported assertion. The reductions in incidence observed among the two samples of institutionalized youth (DOC and the Pre-UDIS Baseline) are conspicuously inconsistent with the expectations of the conventional wisdom.

That the conventional wisdom has had so little to justify it points to the other, fundamental observation we wish to make: *Hard data about the effects of institutionalization are remarkably scarce.* There have been many anecdotal studies and very few quantitative ones. Besides being predominantly anecdotal, the available evidence is very much focused on the here-and-now, not on followup data.

This does not mean that the opponents of institutionalization are wrong. Rather, if institutionalization does reduce incidence of post-release offenses by the magnitudes presented in this study and also better protects the public than a program like UDIS, then the estimation of the human costs becomes much more important than it has been in the past. The conventional wisdom has had it that institutionalization for juveniles is intrinsically undesirable *and* expensive *and* does not work. Precision about the degree of undesirability has hardly been necessary. If institutionalization does work, and to such a degree that it is no longer seen as excessively expensive, then

> *Dispassionate, technically competent assessments of the harmful effects on youngsters of labeling and of institutionalization are sorely needed*, to make sound judgments about the extent to which and the directions in which correctional interventions should be expanded.

A complex, very difficult trade-off of values is associated with the means for dealing with delinquency, and it should no longer be sidestepped as it has so often been by the recitation of horror stories about institutionalization.

Counterbalancing horror stories can be told--no more usefully--about what happens in the street.

There are too many blanks in knowledge and too many choices of values to permit a concluding balance sheet on the pros and cons of expanding the use of UDIS and DOC. The benefits are reasonably clear. The costs are much less so.

The study urges two steps, regardless of expansion: first, *keep UDIS* as an alternative, and, second, keep it part of a sequence *so consistently applied* that a Cook County youngster can count on it: station adjustments for the first few offenses, then probation, then UDIS, than DOC.

How soon each successive step is taken depends on the priorities decided upon by the people who run the law enforcement and criminal justice agencies. But, at least, effective options are available. The reductions in offenses appear to have been real, generalizable, and causally attributable to the fact of correctional intervention through UDIS or DOC. The lesson is that something can after all be done about delinquency: UDIS and DOC work.

The principal question is whether the price they exact is an acceptable one. Taxpayers must pay a price in dollars. The juvenile corrections community must be willing to rethink the axioms of minimal intervention.